

Att South South No.: 07917-136001 Client No.: UMMC 99-41 Bonassar

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>INJECTION MOLDING OF LIVING TISSUES</u>, the specification of which:

| | ication Serial No and was amend | | |
|---|---|--|--|
| | med in PCT International Applicat and as amended under PCT Article 1 | | |
| ai | id as amended under FC1 Afficie | 9 011 | |
| I hereby state that I have revincluding the claims, as amended by a | | of the above-identified specification, | |
| I acknowledge the duty to di Title 37, Code of Federal Regulations | | material to patentability in accordance with | |
| I hereby claim the benefit unapplication(s) listed below: | der Title 35, United States Code, § | 119(e)(1) of any United States provisional | |
| U.S. Serial No. | Filing Date | Status | |
| 60/271,104 | February 23, 2001 | Pending | |
| I hereby appoint the following business in the Patent and Trademark | | cute this application and to transact all | |
| J. Peter Fasse, Reg. No. 32,983 | Timothy A. | Timothy A. French, Reg. No. 30,175 | |
| John W. Freeman, Reg. No. 29,066 | | John F. Hayden, Reg. No. 37,640 | |

Address all telephone calls to J. PETER FASSE at telephone number (617) 542-5070.

Address all correspondence to J. PETER FASSE at:

FISH & RICHARDSON P.C. 225 Franklin Street Boston, Massachusetts 02110-2804

Charles H. Sanders, Reg. No. 47,053

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

20393348.doc



A y's Docket No.: 07917-136001 Client S. Kef. No.: UMMC 99-41 Bonassar

Combined Declaration and Power of Attorney Page 2 of 2 Pages

| Full Name of Inventor: | LAWRENCE J. BONASSAR | | |
|---|--|-------|--|
| Inventor's Signature: Residence Address: Citizenship: Post Office Address: | 386 Central Street, Acton, MA 01720 United States of America 386 Central Street, Acton, MA 01720 | Date: | |
| Full Name of Inventor: | JON A. ROWLEY | | |
| Inventor's Signature: | | Date: | |
| Residence Address: | 3304 G G Brown, Ann Arbor, MI 48109 | | |
| Citizenship: | United States of America | | |
| Post Office Address: | 3304 G G Brown, Ann Arbor, MI 48109 | | |
| Full Name of Inventor: | DAVID J. MOONEY | | |
| Inventor's Signature: | | Date: | |
| Residence Address: | 3074 H H Dow, Ann Arbor, MI 48109 | | |
| Citizenship: | United States of America | | |
| Post Office Address: | 3074 H H Dow, Ann Arbor, MI 48109 | | |
| | | | |